PTC/SB/17 (10-07)
Approved for use through 08/39/2010. OMB 0651-0032

Under the Paperwork Reduction Act of	1995, no person are required to	respond to a collection	on of Informati	ion unless it display	a valid OM	3 control number
Effective on 12/08	Complete if Known					
Fees pursuant to the Consolidated Approp	Application Number		10/579,193-Conf. #6727			
FEE TRANS	Filing Date		May 12, 2006			
For FY 20	First Named Inventor		Shigeru ICHIKAWA			
			B. P. Gordon			
Applicant claims small entity stat	Art Unit 2834					
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 0943-0166PU			31		
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND E.	XAMINATION FEES				-	
FI		ARCH FEES	EXAMIN	IATION FEES		
Application Type Fee (\$	Small Entity 1 Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos	Paid (\$)
Utility 310	155 510		210	105	rees	raiu (p)
Design 210	105 100		130	65		
Plant 210	105 310		160	80		
Reissue 310	155 510		620	310		
Provisional 210	105 0	0	020	0		
2. EXCESS CLAIM FEES	103 0	v	U	U		Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reiss					50	25
Each independent claim over 3 (including Reissues)					210	105
Multiple dependent claims					370	185
Total Claims Extra Claims	Fee (\$) Fee	aid (\$) Multiple Deper		itiple Depende	nt Claims	
16			Fee	e (\$)	ee Paid (<u>5)</u>
HP = highest number of total cisims paid for Indep. Claims Extra Claims						_
Indep. Claims Extra Claims 2 -3 = 2	Fee (\$) Fee	Paid (\$)				
HP = highest number of independent claims	paid for, if greater than 3.					
3. APPLICATION SIZE FEE						
If the specification and drawings ex	ceed 100 sheets of paper	(excluding electro	onically file	ed sequence or	computer	
listings under 37 CFR 1.52(e)), i	he application size fee du	ic is \$260 (\$130 f	or small en	tity) for each ac	Iditional 5	0
sheets or fraction thereof. See 3						
Total Sheets Extra Sheets - 100 =		(round up to a who			Fee	Paid (\$)
4. OTHER FEE(S)		(.como op to a wike		`	Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 1801 Request for continued examination (RCE) (see 37 810.00						
			(I.OE)	(038 01		0.00
SUBMITTED BY	. (.)	Registration No.	10.000	T		
Signature /	# 6100/	(Altorney/Agent)	43,368	Telephone	(703) 20	5-8000
Name (Print/Type) Paul C. Lewis				Date		

PCL/GH/jcg